

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
08/4409-064

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
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49				
50				
TOTAL IND.	6			
TOTAL DEP.		↓	↓	↓
TOTAL CLAIMS	6	14	14	14

TOTAL IND.		↓		↓
TOTAL DEP.		↓		↓
TOTAL CLAIMS	6	14	14	14